



This certificate is required in accordance with Section 784B of the Taxes Consolidation Act 1997 (as amended)

SECTION 1 – PROPOSED APPROVED MINIMUM RETIREMENT FUND (AMRF) INVESTMENT

Proposer Details - To be completed by Quest Capital Trustees Ltd

Title: Mr Mrs Ms Other

Surname First Name

Address

Date of Birth ____/____/____ PPS Number

SECTION 2 – CERTIFICATE OF INVESTMENT SOURCE

Name of Insurance Company/Qualifying Fund Manager/

Pension Trustee/PRSA Provider:

Address of Insurance Company/Qualifying Fund Manager/

Pension Trustee/PRSA Provider:

Policy No./Plan No. with existing Insurance Company,

QFM or other source:

Proposed Single Premium: €

To be completed by the appropriate person/entity providing the assets for this proposed Approved Minimum Retirement Fund investment as follows:

If source of funds is from more than one entity then a separate Certificate will be required from each entity.

Please indicate the source of the Single Premium:

Source of Assets/Funds	Signature required below from an appropriate authorised person	(please tick 1 box only)
Personal Pension (RAC)	Insurance Company	<input type="checkbox"/>
Executive/Group/AVC Pension Scheme	Trustees	<input type="checkbox"/>
Retirement Bond	Insurance Company / Trustees	<input type="checkbox"/>
Self Administered Pension Scheme	Trustees	<input type="checkbox"/>
AMRF/ARF	Qualifying Fund Manager	<input type="checkbox"/>
PRSA	PRSA Provider	<input type="checkbox"/>

Please confirm the gross value of all income drawdown's taken in the current tax year from the transferring AMRF: €

We certify that:

- > the Proposed Single Premium to which this certificate relates comprises assets to which the individual named in this application is beneficially entitled; and
- > the assets to which this certificate relates derive from an approved source within the meaning of Section 784B of the Taxes Consolidation Act 1997 (as amended).

Signature: Date: ____/____/____

Position:

Insurance Co./QFM/Trustees/PRSA Provider: